

Home Visits

Home visits bring medical students or residents into a person's home and community, where the patient- or family-advisors may be more comfortable and able to communicate more openly about their lives and their experiences with health care. Home visits also enable students and residents to see the environments in which people live their lives and implement healthcare recommendations. Understanding the context of a patient's life provides a necessary foundation for a physician to make optimal medical decisions with patients and to advocate for patients.

Home visits can also address other purposes. Patients may be more frank in discussing their views about medical care. The visit may serve to convey to the resident or student the resilience of people in the face of challenging health conditions and it may build an understanding of the variety of resources and interventions that help people live their lives well.

Goals

1. To provide an opportunity for medical students or residents to discern detailed information about the context of patients' lives.
2. To help medical students or residents identify patient and family needs, strengths, and sources of resilience.
3. To help medical students and residents see how management of medical care may be affected by understanding the context of patients' lives.
4. To enable medical students or residents to learn from and with patients and families in a patients' home or community setting.

Curricular Context

Many opportunities for home visits occur throughout a medical education program. Home visits offer a useful way for learners to gain a more extensive understanding of patients and families and the complexities of managing health care and living with

"The home visit program afforded me a great educational opportunity that I had never before considered. My medical education having been primarily restricted to either books or well adults, I was both uncertain and severely lacking in the ability to deal with chronically ill children and was completely unprepared for ministering to these children and their families. Children with special needs had rarely crossed my mind, not only because of my upbringing in a small town that segregated the 'special' into a 'special' class, but because such children (or adults) were wholly absent from college days as well."

—medical student

illness. Sample curricular settings and goals for home visits include the following:

1. The first year of medical school, to introduce medical students to physician/patient relationships.
2. A Primary Care Clerkship to learn about healthcare and community resources patients and families find helpful.
3. A Primary Care or Psychiatry Clerkship to illustrate challenges, strengths, and resilience of patients and families.
4. An obstetrics and gynecology rotation to learn about the daily life of a woman with a normal or high-risk pregnancy.
5. Surgery, rehabilitation, or medicine settings to discuss the practicalities of discharge planning for elderly patients.
6. A community pediatrics rotation during a pediatric residency to observe community and educational programs that benefit children.

Home visits integrate easily in existing courses and clerkships. At the Uniformed Services University, the theme for the first-year home visit coordinates with the first-year course entitled *The Human Context of Health Care*, a course in which medical students explore how their life experiences and biases will affect the way in which they interact with patients and their families. A third-year visit coordinates with teaching about advocating for patients and families who need access to resources in the healthcare system and community.

Another third-year visit builds an understanding of the resilience of families who have children with complex health conditions.

Key Steps for Adding a Home Visit to a Medical Education Program

1. Find a logical place for a home visit in the curriculum.
2. Develop a pool of patients and families to host home visits.
3. Plan a way to introduce and discuss the home visit with a course or clerkship.
4. Develop a task and/or written assignment for the learners.

Planning a Home Visit Program

Finding and Preparing Home Visit Hosts

Chapter 3 describes how to identify and prepare a group of patient- and family-advisors and home visit hosts are a subset of that group. The demographics and epidemiology of diseases in each community will determine, in part, the composition of the pool of host families. Faculty who teach specific courses or direct particular clerkships may also wish to develop a pool of host families with relevant conditions. One physician's caseload

6. Home Visits

of patients with chronic conditions or families of children with special needs can provide the initial group to invite to host home visits. Once involved, patients and families often recruit others.

Potential host families need some preparation, which is often best provided by a veteran home visit host. An experienced host can explain the program, suggest questions the home visitors might ask, and help the new host develop answers in a way that would be helpful to medical students or residents. An orientation session or conversation can also include explanations of the different types of visits in a particular medical education program, as well as explain the various educational levels of the home visitors (e.g., medical students are not qualified to offer medical advice). The veteran host can answer most questions a new host family may have. The veteran host can also emphasize the importance of discussing positive approaches with medical students and residents and caution the new host against providing negative models by emphasizing negative experiences with health care. Once they have received an orientation, a home visit coordinator can call to determine which patients and families are available for a home visit in a given time frame.

“I gained a lot more than I anticipated. My experience helped me to dissolve some of the previous stereotypes I associated with certain conditions, and it gave me a clearer understanding into the views held by families ... Now I know how they got to today is only a small portion of who they are, who their families are, and what their future holds in store for them.”

—medical student

Preparing Students for Home Visits

Students and residents also need some preparation, including learning goals and objectives, logistical information, and specific assignments. It also helps to remind them about patient confidentiality and the responsibilities of a professional to fulfill commitments to patients and families who have volunteered their time. Several approaches to orientation information appear in the sample home visit models below. Home visits are enhanced by discussion afterwards during which the learners tell the story of the patient or family they visited and reflect on what they learned about medical care, patient/physician relationships, and the role of a physician.

Example:

First-year Home Visits—The Human Context of Medicine

- Students or residents bring questions to discuss with a parent or adult with a chronic health condition.
- The parent- or patient-advisor has the opportunity to tell the learners about their experiences with illness or disability, physicians, attitudes encountered, uncertainty,

grief, adjustment to the unexpected, and how physicians can help people who face these issues.

Objectives for a First-Year Home Visit

Medical students will:

1. Select one or more topics to discuss with a patient and/or family.
2. Write one or more questions about this topic to discuss with a patient and/or family.
3. Visit a patient and/or family in their home and discuss the selected topics.
4. Write a one- to two-page paper with personal reflections about the content of discussion with the patient and/or family.

Description of the Activity

One way to introduce home visits to new medical students is to provide a brief presentation during student orientation week. A short video clip illustrating a home visit can be followed by comments from a student who has completed a visit and a parent- or patient-advisor that has hosted visits. They can describe what students learn during the visits and how the family may experience the visit. Each student may then receive a written invitation from patients and families, inviting students

into their home and providing contact information for a faculty member or home visit coordinator who will assign a particular patient or family. A written packet of information or an emailed file should follow with more detailed instructions about the visit. Arrangements for the visit can be completed with email messages linking each student with a

patient or family to visit along with their contact information.

For a visit coordinated with a course such as *The Human Context of Health Care* or a course about the patient/physician relationship, students may receive a list of related topics that they may choose to explore with patients or parents during a home visit. Faculty can stress that home visits provide a private environment in which to ask difficult questions of families and patients, because they have all volunteered to discuss sensi-

"It was an extremely easy process. I didn't have any awkward silences. [These parents] were valuable and honest."

—medical student



A military family of a child with special needs cordially invites you to visit their home in the Washington Metropolitan area. During this time, you may have a meal together or participate in an activity that involves their child with special needs (i.e. speech or occupational therapy, playtime, etc.). The home visit provides you an opportunity to further understand and appreciate the military community, family, and child with special needs.

Please RSVP to:

COL Virginia Randall, MD, MPH or
Janice L. Hanson, Ph.D.
Pediatrics Department, Uniformed Services
University of the Health Sciences, Bethesda,
MD

(xxx) _____

6. Home Visits

tive issues. A sample handout for students that lists the topics and explains the home visit assignment appears on page i of the Appendix.

Questions First-Year Medical Students ask Patients and Parents

1. How did you receive the diagnosis? Do you wish it would have been handled differently?
2. How does your family handle uncertainty and how does the physician help in dealing with it?
3. What makes a good doctor-patient relationship?
4. How do you feel when a doctor says, “I don’t know”?
5. What do doctors do that helps you cope with your chronic condition?

Example:

Family Medicine—Context of the Patient’s Life, Resources, and Advocacy

- Students or residents interview patient- or parent-advisors about health history, family history, and needs.
- Patient- and parent-advisors explain the resources they need at home, at school, from the healthcare system, and in the community.
- Parents choose an activity for the learners to do with their child.

The APA/COMSEP General Pediatrics Clerkship Curriculum Competency:

Identify the ways that practicing physicians can advocate for children.

ACGME Competency: SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to: advocate for quality patient care and assist patients in dealing with system complexities.

Objectives for a Family Medicine Home Visit

Medical students or residents will:

1. Visit a patient and family to learn about the resources they have utilized to address the needs of a family member with a chronic medical condition or other special needs.
2. Describe the resources required by a particular patient and family.
3. Describe how patients and families locate resources.
4. Describe a physician's role in linking patients and families with resources in the healthcare system and in the community.

Description of the Activity



Another topic for a home visit is a patient and family's use of community, educational, and medical resources. Learners can discuss how a patient or family found resources, what each resource accomplishes for them, and what additional resources would benefit them. A sample tool to focus the learners' conversation during the visit appears on page ii of the Appendix. Afterwards learners can discuss their home visits as a group, describing what they learned about the resources with faculty members who can help them understand what resources are available, how they are paid for, and how to advocate for the resources a patient or family needs. Faculty members from disciplines such as social work, psychology, and education contribute important perspectives when they participate as facilitators of these discussions. This home visit provides an important foundation for teaching about advocating for patients and families. It also emphasizes the importance of the role of physicians in linking families to available resources.

Example: Pediatric Home Visits—Resilience

- Parents have the opportunity to tell a student or resident about physicians who have helped their child and family cope with challenges and how physicians can help children and families to be resilient.
- Parents choose an activity in which a learner can participate with their child.
- The learner observes the strengths of a child and family and considers how physicians can promote resilience for children and families.

6. Home Visits

Objectives for a Pediatric Home Visit

Medical students or residents will:

1. List and describe resilience factors.
2. Identify resilience factors in a particular patient and family.
3. Describe physician behaviors that promote resilience.

Description of the Activity

Residents or third- or fourth-year medical students can visit a child or adult with a chronic illness or disability to learn about the strengths and sources of resilience among patients and families who face challenges. Learners can be matched to a host family in which the child has an illness or disability that corresponds to the learner's expressed professional or personal interest, such as cardiology, hematology-oncology, psychiatry, developmental pediatrics, or another subspecialty. Learners may also visit a patient or family with a particular psychosocial situation, such as a family with a child with special needs and also siblings with typical needs, or a single parent family. Learners experience the tremendous amount of information that a patient or parent may have acquired about a particular condition and how the medical system and physicians have helped them or created additional challenges. The learners see people doing well in the midst of challenges and talk about ways that physicians can help support resilience. A group discussion after the visit can focus on the ways that physicians can promote resilience during encounters in both inpatient and outpatient settings.

The following small group exercises can help prepare students for the emotional response they may have to the home visit and help guide them to reflections that will create a useful (rather than overwhelming) learning experience for them.

Resilience exercise. A small group session is facilitated by one or two faculty members and includes two or three parents of children with special needs. One faculty member gives a short didactic presentation on resilience based on the work by Dr. Edith Grotberg (see Grotberg EH, ed. (2003) *Resilience for Today: Gaining Strength from Adversity*. Westport, CT: Praeger.) Faculty and parents then each share a short story in which they, or their child, displayed resilience. The group, including the parents, forms into pairs and each member of the pair shares a story in which they displayed resilience. Faculty facilitate as the group volunteers resilience factors they heard in their partner's story without re-telling the story. The list is written on the board and compared with the list developed by Dr.

"As I left, I realized my erroneous stigmatization of Down's patients. Not only are they very capable of what we think they cannot do but a big factor in realizing that untapped potential lies in mapping avenues and routes that parents can take to help achieve those goals."

—medical student

Grotberg. Finally, faculty facilitate a discussion of how physicians and the healthcare system can facilitate resilience.

Modified Balint Group exercise. This exercise encourages learners to understand multiple points of view in a healthcare scenario and helps them develop empathy. Medical students or residents, patient- or parent-advisors, and faculty members participate in the exercise together. They are given a healthcare scenario in which a dilemma develops involving

potential conflict between the family and the physician. Each member of the group is invited to “speak for” one of the persons in the scenario and describe in the first person what that person might be feeling or thinking (e.g., “As the parent, I am afraid the doctor is going to make a decision without listening to my wishes.” or “As the doctor, I am struggling with how to explain this complex situation to the parent.”) Parents who participate in the Balint group frequently “speak for” the physician. This helps students or residents to move from their perceived role as defending the physician to beginning to “speak for” the parent and understand that a parent’s perception might be very different from a physician’s, but

not wrong. The point of the exercise is to understand multiple points of view (physician, nurse, hospital administrator, mother, father, child, sibling, grandparent, etc.), not to reach resolution of the dilemma. However, once multiple points of view have been aired and understood, the resolution of the dilemma often becomes clear and acceptable to all. (For more information about Balint groups see the website for the American Balint Society, <http://familymed.musc.edu/balint/index.html>.)



The Role of Patient- and Family-Advisors

Patient- and family-advisors can participate in every facet of a home visit program. They can help design the focus and content of a home visit activity, host medical students or residents in their home or at a school or community activity, orient new patients and families to host home visits, and serve as home visit coordinators to schedule home visit hosts. The questions below illustrate the broad range of topics that patient- and family-advisors might discuss during a home visit. They were written by a mother whose daughter Morgan had leukemia at 2 years and relapsed at 6 years. Discussing questions such as these provides future physicians or new physicians with a depth of understanding that they cannot acquire in clinical settings.

6. Home Visits

Typical Questions Discussed at Home Visits

Diagnosis

- What led up to Morgan's diagnosis?
- What was that day like? How did you cope in the very beginning?
- What was the most difficult part about adjusting to living in the midst of a medical community?
- What impact did her cancer diagnosis have on your family?
- Did you have to move for her to receive treatment? What impact did that have on your family?
- How did it affect your professional military lives?

"I have to tell you that we find the visits to be very helpful to us. It is always amazing to hear what my children will tell a complete stranger about what they feel or what they think. We shed a few tears last night after the visit but what an amazing family discussion we had."

—host family of child with cerebral palsy and typical siblings

Parents' roles

- How active of a role did you take in her health care?
- What influenced you to participate as much as you did?
- How did you handle pain management?
- How did you change as parents during Morgan's cancer treatment?
- As parents, did you notice that mothers and fathers dealt differently with situations?
- What is helpful for doctors to know about the different ways people deal with crisis or chronic care?
- Did you discuss the topic of death with one another or with Morgan?

Family life

- What was it like to be a family living most often in the hospital setting?
- What about Morgan's siblings? What was their role? How did you meet their needs?
- Did Morgan go to school while she was on chemo? How did she keep up?
- Did she have problems with other children making fun of her be-





cause she looked different?

- What were your strengths as a family during and after her treatment?
- What were your weaknesses as a family during and after her treatment?

What is it like to experience a relapse?

- What was the situation surrounding her relapse?
- What were your thoughts when she relapsed?
- How was her second course of treatment different from the first?
- How did Morgan deal with the second treatment differently than the first?

How can doctors help?

- What was your impression of the care she received and your role in care-giving?
- What were some of the best things that her staff said or did for Morgan during her treatment?
- What were some of the best things that her staff said or did for your family during her treatment?
- What recommendations would you share with a new doctor about things they can do to make life better?
- What are your best memories?

"We talked at length about advocating for [my child]. I didn't realize how much we had done for him. That makes me realize that just maybe we can hang in there for a couple more years."

—host family of child with neuroblastoma